

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Psychiatric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Yoshie Davison**

Mailing Address 1046 Wilson Blvd  
Ste 1825

City State Zip Code  
Arlington VA 22209-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Psychiatric Association

Occupation

Deputy Director, Leadership & Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2015

**Transaction ID : C2946330**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Ludmila B De Faria**

Mailing Address 13421 SW 92nd St

City State Zip Code  
Miami FL 33186-1520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2015

**Transaction ID : C2946320**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. David R Diaz**

Mailing Address 2601 Cold Spring Rd

City State Zip Code  
Indianapolis IN 46222-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2015

**Transaction ID : C2946288**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00